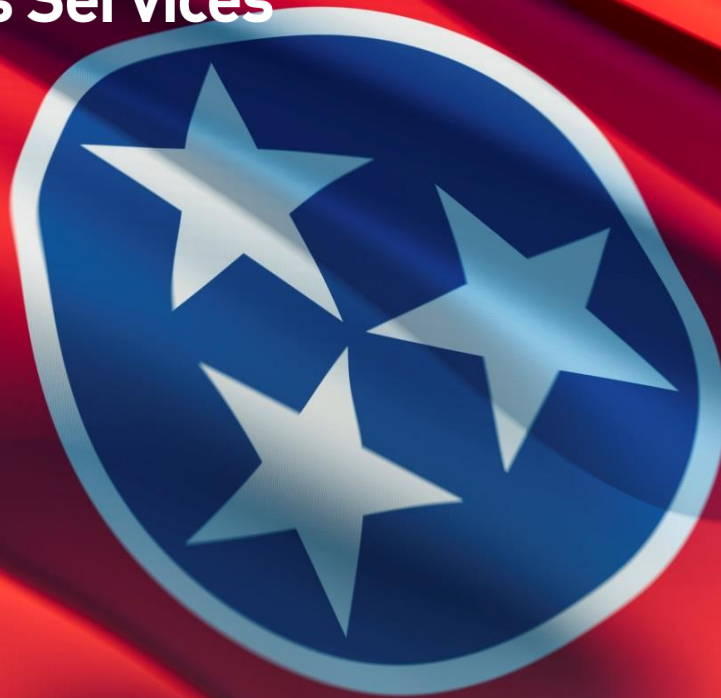


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TN

Department of
Children's Services



Contract Provider Manual

Section Three (3) - Group Care Facilities

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GENERAL GROUP CARE FACILITIES

1. General Characteristics

- a) Group Care Facilities are designed to meet the needs of children who are unable to live at home, or with a Foster Family, and therefore require temporary care in a group care setting integrated within the community.
- b) The Group Care Facility provides structure, therapeutic support, behavioral intervention and other services identified in a child's permanency plan for children with low to moderate clinical and behavioral needs.
- c) Goals/discharge criteria for Children in Group Care typically include permanency through reunification, kinship care, adoption or guardianship.
- d) The facility will be appropriately licensed according to the population served.

2. Admission/Clinical Criteria

The following criteria will be met for admission to a Group Home:

- a) The service is available to child/youth—regardless of adjudication type—whose relationship with their families or whose family situation, level of development and social or emotional problems are such that services in a family setting would not meet the child/youth's treatment needs due to supervision, intervention and/or structure needs.
- b) Programs are designed for child/youth in need of twenty-four (24) hour care and integrated planning to address behavioral, emotional, or family problems and the need for progressive reintegration into family and community living. Children/youth in Group Home placement remain involved in community-based schools (when appropriate) and participate in community-based recreational activities with appropriate supervision.
- c) Children/youth may have a history of truancy but are typically able to attend public school with liaison and support services provided by the agency.
- d) Child/youth may have a history of impulsive behaviors, aggression and alcohol or drug misuse. The child/youth may also be appropriate for these Group Care programs if displaying, low to moderate sexually reactive behaviors. Child/youth may have patterns of runaway episodes, have difficulty maintaining self-control, display poor social skills and/or have difficulty accepting authority.
- e) Child/youth in this level of care have behaviors that can be treated in a non-secure setting, with adult supervision and intervention.
- f) Child/youth may have completed higher levels or intensity of care and determined appropriate for group placement as work toward permanency continues. In addition, the child/youth may have been treated at a higher level of care for sexually reactive behavior or sex offender issues and has been assessed with a low to moderate risk for reoffending.

- g) Child/youth in this level of care may require community counseling or therapy, medication, and medication management services. These services will be coordinated by the agency and integrated into Treatment Planning.
- h) Child/youth who are ineligible for this level of care are those who have need of acute psychiatric hospitalization and/or require incarceration for major acts of violence or aggression within the past six (6) months. Those who are found to pose a significant risk to the community are not appropriate for this level of care. Child/Youth with a primary diagnosis of intellectual disability are evaluated on a case-by-case basis. Child/Youth with an IQ lower than 55 or who have adaptive functioning indicating a moderate to severe intellectual disability are not appropriate unless the agency is licensed for this service type.

3. Personnel & Staffing Requirements

- a) Adequate care and supervision is provided to assure that child/youth is safe and that his/her needs are met, in accordance with child/youth's developmental level, age and emotional or behavioral problems, and include:
 - ◆ At least one (1) on-duty child care worker providing continuous supervision for each group of eight (8) children or youth (staff to student ratio of 1:8). This ratio is also maintained at night;
 - ◆ Higher adult/child ratios during periods of greater activity are recommended; and,
 - ◆ Availability of additional or back-up direct care staff for emergency situations or to meet special needs presented by the children in care as needed.
- b) No more than five (5) providers of case coordination or casework services report to one (1) Case Manager Supervisor. The caseloads for personnel providing case coordination or casework services do not exceed sixteen (16) residents.
- c) No more than seven (7) direct care staff members report to one (1) Direct Care Worker Supervisor and the ratio is reduced to 1:5 when the workers are newly hired or in probationary status.
- d) All prospective employees whose responsibilities include direct contact with youth will have a risk assessment/screening for tuberculosis within ninety (90) days of employment and annually thereafter.

4. Individualized Care Plan

- a) An Individualized Care Plan will be developed and implemented for each child/youth. An initial assessment of the child/youth's needs and strengths will be completed within 72 hours of admission. The information gleaned from the assessment will be incorporated into the Care Plan. Detailed guidelines for the Care Plan are listed in the Core Standards of the Provider Policy Manual.
- b) The program will ensure that the following assessments are completed prior to development of the child/youth's Care Plan:

- ◆ Assessment of current functioning, and a history in the following areas: Community living skills; living skills appropriate to age; emotional and psychological health; and Educational level (including educational history);
- ◆ Basic medical history and information;
- ◆ A six (6) month history of prescribed medication(s), frequently used over-the-counter medication and alcohol or other drug use;
- ◆ History of prior mental health and alcohol and drug treatment episodes
- ◆ DCS' expectation is that the provider will review all available records and will work with the FSW to obtain missing information. This information will be reviewed and integrated into the treatment planning process, including following discharge recommendations of prior treatment facilities as applicable.
- ◆ The Care Plan will include specific steps to work toward permanency, including visitation plan. This plan may integrate information from tools such as the CANS, historical FAST, FFA, and Permanency Plan. For example, actionable items on the CANS (items rated 2 or 3) will be addressed.

5. Service Overview and Components

The agency will provide a program of group living experiences and a program of specialized services for each child/youth accepted into care. Services provided by the agency include but are not limited to:

- a) Structured group activities, team building exercises, life skills groups, skills building activities, and/or educational groups at least two (2) times per week.
- b) Alcohol and drug awareness education at least two (2) times per month;
- c) Weekly case management and coordination of outpatient mental health services, including support of the DCS Permanency Plan and participation in the Child and Family Team;
- d) Coordination of health services, including arranging and accessing community based medically necessary health services through TennCare and private insurance.
- e) Educational liaison to interact with the child/youth's educational needs and individualized educational plan. Contact with the youth's school will occur at least two (2) times month and be documented in the youth's record.
- f) Provision of recreational activities, social skills training, daily living skills and interdependent living skills. These activities will be appropriate to, and adapted to, the needs, interests and ages of the service recipients. More information about independent living may be found in the IL Core Services portion of this manual.
- g) Additional Mental Health Services:

Payment responsibility is dependent on contract type. In consultation with the child/youth's parent/guardian, the program will arrange access for each child/youth to have ongoing mental health services not provided by the program and assist the child/youth in keeping appointments

and participating in such treatment programs. Referrals for such services will be made within 7 days of admission to the group home and documentation of such referrals will be kept in the child or youth's record. If no mental health treatment is needed, or is needed less often than what is outlined below, then documentation from a clinical service provider indicating such will be kept in the child or youth's record. Children/youth in a group home will receive the following:

- ◆ Individual therapy at least two (2) times per month from a clinical service provider.
- ◆ Family therapy at least two (2) times per month by a clinical service provider.
- ◆ Group therapy as needed and recommended by a clinical service provider.
- ◆ Intensive outpatient therapy, either mental health or alcohol and drug, as needed and recommended by a clinical service provider.
- ◆ Medication management and medications may be arranged and accessed through TennCare and private insurance if applicable.
- ◆ Medication management (psychopharmacological treatment) will be accessed quarterly or more often as medically necessary.

6. Education of the Child/Youth

- a) Youth in Group Care Facilities may attend public school or may attend an in-house, non-public school that is approved by the Tennessee State Department of Education and recognized to educate students in custody by the DCS Education Division. Regions and providers will work collaboratively through the CFTM process to determine educational services for a child/youth in congregate care.
- b) Please refer to the **Educational Standards** section of this manual for specific information related to the education of students in state custody.

7. Records Management

The individual record for each child/youth will contain the following information:

- a) Documentation of the Treatment Plan and of its implementation;
- b) A list of each article of the child/youth's personal property valued at one hundred dollars (\$100.00) or more and its disposition if no longer in use;
- c) Documentation of abuse, medical problems, accidents, seizures and illnesses. This documentation will include the treatment for such abuse, accidents, seizures and illnesses and any reports generated as a result of such incidents;
- d) Results of assessments required by this rule;
- e) Discharge summary detailing the child/youth's condition at the time of discharge and the signature of person preparing the summary; and,
- f) Appropriate consents and authorizations for the release and obtaining of information about the child/youth.

8. Discharge Criteria

- a) A preliminary discharge plan with discharge goals, projected length of stay, tentative discharge date, and tentative aftercare plan will be formulated and shared with the DCS Regional Licensed Mental Health Clinician, educational specialist, family services worker, and placement specialist.
- b) A youth is ready for discharge when he/she no longer meets the admission criteria (outlined above) and sufficient aftercare services (e.g., mental health, education, family, medical/physical) have been arranged to allow for a smooth transition.

9. Special Populations Group Care

Education:

- a) Youth in this program may attend public school; however, if students are unable to attend public school, programs, they will attend an in-house, non-public school that is approved by the Tennessee State Department of Education and recognized to educate students in custody by the DCS Education Division.
- b) Please refer to **Section 10-Educational Standards** for specific information related to the education of students in state custody.

ENHANCED LEVEL 2 A/D SERVICES

1. General Characteristics

This time limited program addresses the treatment needs of adolescents, ages 13 to 18. These youth display moderate impairment in family, social, educational or occupational functioning due to alcohol and/or other drug use. The program is designed for adolescents who need continued structure beyond a typical family setting to provide protection from negative peer influences while promoting a sustained focus on their recovery and rehabilitation. The goal of the program is to attain permanency through reunification if at all possible, upon completion of the program or soon thereafter. The group care facility uses a limited 24-hour supervision environment to achieve rehabilitation. The program will adhere to the General Group Care portion of this manual unless otherwise noted below. The group care program is designed to be brief in nature and is not to exceed 60 days.

2. Admission/Clinical Criteria

- a) The adolescent has a substance-related disorder as a primary or secondary diagnosis. Adolescents eligible for enhanced Alcohol and Drug treatment services may exhibit co-morbid substance-related and mental health disorders.
- b) The adolescent is ineligible if he or she requires medical detoxification, is actively suicidal or homicidal, or has psychosis that is not controlled by medication. Adolescents with a diagnosis of Intellectual Disability are evaluated on a case-by-case basis. Adolescents with an I.Q. lower than 55, or who have adaptive functioning indicating moderate to severe Intellectual Disability are not

appropriate, unless the agency is licensed for this service type.

- c) The adolescent will be assessed as being low to moderate community risk.
- d) The adolescent is likely to be cooperative and ready to participate in the treatment process at this level of treatment intensity. Some level of denial and resistance is common in most adolescents who abuse drugs and alcohol, and the treatment program will be expected to work with some clients who start the process without motivation for recovery.

3. Personnel

The agency will adhere to the Personnel requirements of a General Group Care facility. Additionally:

- a) The agency will have a clinical services director who in addition to meeting the criteria in the Core section of this manual, is trained in and knowledgeable of current approaches in the field of adolescent addiction treatment.
- b) There should be at least one credentialed addiction counselor to complete the assessments and provide consultation and supervision as needed to other staff.
- c) Treatment should be provided by counselors with training in the area of adolescent addiction.
- d) To better implement an enhanced program, non-clinical support staff who also have contact with or supervise children also need initial and ongoing training in the core functions of alcohol and drug counseling and support.

4. Individualized Treatment Plan

- a) In addition to the treatment plan components identified in the General Group Care portion of this manual, a nationally recognized A&D evaluation instrument must be administered by designated addictions treatment personnel or addictions-credentialed clinician.
- b) Because Specialized A/D programs are brief in nature, the initial treatment plan will be completed within 24 hours of admission. The comprehensive assessment and clinical interview should be completed within three (3) days of program admission, and a comprehensive treatment plan developed within seven days of admission.
- c) There must be pre & post-test measure employed to indicate progress in meeting treatment goals.

5. Service Components & Overview

- a) The program will adhere to all of the same Service Components and Overview items noted above in the General Group Care section of this manual, with the exception of frequency of therapy, which is outlined below.
- b) Therapy includes a minimum of five therapy contacts per week of at least 60-90 minutes duration per session. These five contacts will be comprised of at least three group therapy sessions per week and at least one individual therapy sessions per week.
- c) Group therapy sessions will have a minimum of four (4) and no more than twelve (12) participants for a valid group session. Groups over six (6) must be facilitated by at least two

staff. The facilitator will have the appropriate credentials and will have training in group facilitation.

- d) In addition to the five therapy sessions per week, a minimum of five psycho-educational groups will be provided each week.
- e) Family therapy will be provided at twice per month, with the expectation of these being face-to-face sessions. Alternate forms of contact such as phone or video conferences are acceptable for the additional sessions. The provider will also engage families through education and support groups and will assist the family in getting referrals to a variety of community services to improve their general functioning.
- f) The Program will provide an evidenced based model(s) as defined by SAMHSA or California clearing house. The program will be designed for the population served. The program will develop and maintain a manual that details the agency's plan for staff training in the model, maintaining model fidelity, and will define how staff will adhere to components of the manual.
- g) The program may also provide additional services such as 12-step or self-help programs such as AA/NA or specialized relapse prevention therapy.
- h) The A&D treatment component can be purchased from an outside entity with the credentials identified above and the appropriate A&D licenses.
- i) The program will have a very intense in-home service component that provides support to the child and family in order to maintain and achieve permanency.

6. Education of the Child/Youth

- a) Youth will attend an in-house, non-public school that is approved by the Tennessee State Department of Education and recognized to educate students in custody by the DCS Education Division. Please refer to the General Group Care section of this manual for additional details.
- b) Please refer to **Section 13-Educational Standards**—for specific information related to the education of students in state custody.

7. Records Management

Please refer to the General Group Care section of this manual.

8. Discharge Criteria

Please refer to the General Group Care section of this manual.